



PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/025,773-Conf. #5870
	Filing Date	December 26, 2001
	First Named Inventor	James H. Kerr, Sr.
	Art Unit	2165
	Examiner Name	T. N. Pardo
Total Number of Pages in This Submission	Attorney Docket Number	K2300.0001/P001

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination ("RCE") Credit Card Payment Form (PTO-2038)
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	DICKSTEIN SHAPIRO LLP		
Signature			
Printed name	Philip G. Hampton, II		
Date	September 25, 2006	Reg. No.	30,642



PTO/SB/17 (07-06)  
Approved for use through 01/31/2007. OMB 0651-0032  
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<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>  <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>			
		Application Number	10/025,773-Conf. #5870		
		Filing Date	December 26, 2001		
		First Named Inventor	James H. Kerr, Sr.		
		Examiner Name	T. N. Pardo		
		Art Unit	2165		
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	620.00	Attorney Docket No.	K2300.0001/P001

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: <b>04-1073</b> Deposit Account Name: <b>Dickstein Shapiro LLP</b>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							Small Entity
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims							Fee Paid (\$)
20 - 20 = _____ x _____ = _____							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims							Fee Paid (\$)
5 - 5 = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____		= _____			
<b>4. OTHER FEE(S)</b>							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2252 Extension for response within second month							225.00
2801 Request for continued examination (RCE) (see 37 ...)							395.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	30,642
Name (Print/Type)	Philip G. Hampton, II	Telephone	(202) 420-2664
		Date	September 25, 2006